

HODGKIN'S DISEASE TREATED WITH THE MIXED TOXINS OF ERYSIPELAS AND BACILLUS PRODIGIOSUS.

DR. WILLIAM B. COLEY presented a man, 25 years of age, who was admitted to the General Memorial Hospital on October 10th, with the following history:

About a year ago he noticed a tumor in the right side of the neck behind the sterno-mastoid muscle, which was apparently an enlarged gland. It was smooth in outline and freely movable. Shortly afterward a similar tumor occurred in the neighboring gland. A few months ago like enlargements were noticed in both axillæ and in the groin. On the day he was admitted to the General Memorial Hospital, October 10th, he was examined by Dr. Wm. K. Draper, attending physician to the hospital, who pronounced the case undoubtedly one of Hodgkin's disease. The patient had had no treatment prior to his admission.

Physical examination on October 10, 1907, showed the whole right side of the neck, from the mastoid to the clavicle, occupied by a large number of tumors apparently starting in the lymphatic glands, both anteriorly and posteriorly to the sterno-mastoid muscle. The tumors varied from the size of a Lima bean to that of an English walnut. The skin was not adherent and the tumors were fairly movable upon each other and upon the deeper structures. There was only slight involvement of the glands of the left side of the neck. Both axillary regions were occupied by similar tumors. The glands in both groins were also markedly enlarged. Examination of the abdomen showed the spleen enlarged and easily palpable, extending about one inch beyond the costal arch.

Examination of the blood showed the following: Leucocytes, 4,050; red blood cells, 4,070,000; polynuclear, 62 per cent.; large lymphocytes, 18 per cent.; small leucocytes, 17 per cent.; transitionals, 3 per cent.

Being strongly of the opinion that Hodgkin's disease is really a type of sarcoma of the lymphatic glands, rather than a separate disease, Dr. Coley immediately placed the patient upon small doses of the mixed toxins of erysipelas and bacillus prodigiosus, the initial dose being $\frac{1}{4}$ mm. injected into the pectoral region. The patient proved very susceptible to the toxins and the highest temperature at the end of one week's treatment, 105.6°, followed a dose of only $1\frac{1}{2}$ mm. injected into the pectoral region. He

was given five to six treatments a week, none of the injections being made into the tumor. At the end of the first week he was found to have lost 5 pounds in weight, which he regained the second week.

At the time of presentation, thirteen days after the beginning of the treatment, the tumors in the neck had decreased fully two-thirds in size, the axillary and inguinal tumors had entirely disappeared and the spleen had diminished to such an extent that it could barely be felt on careful palpation. Absolutely no other treatment of any kind was given the patient during this period. The second examination of the blood at the end of the second week showed the white cells to have increased from 4,000 to 12,000. The red cells remained the same; the polynuclear cells had increased to 82 per cent.

NOTE.—Although no microscopical examination had been made at the time the case was reported, one of the tumors of the neck was removed shortly afterward and microscopical examination made by Dr. James Ewing, professor of pathology of Cornell Medical School, showed it to be a typical Hodgkin's disease.

EPITHELIOMA OF PALATE AND FAUCES.

DR. WILLIAM A. DOWNES presented a man, 42 years old, who was admitted to the General Memorial Hospital on August 25, 1907, with the history of having had a growth in the roof of the mouth for two years. In the beginning it was situated about the middle of the hard palate. Ten months ago an operation was undertaken to remove the mass, but on account of its extent the effort was abandoned. He was treated with the X-ray from that time until his admission to the hospital.

Upon examination, the entire hard and soft palate was found to be the seat of a fungating growth which projected into the mouth from one-half to three-quarters of an inch. The right anterior pillar was involved to a limited extent. In the centre of the hard palate was an opening, which would admit the end of the thumb; this connected with the nasal fossæ, and was the result of the previous operation. There was a very foul odor, due to the necrosed bone. A few moderately enlarged glands could be made out in the submaxillary region on each side. A specimen removed before the patient was sent to the hospital showed the growth to be typical epithelioma, and although the